



CITY OF SAN JOSE
CELLULAR PHONE AUTHORIZATION FORM

☐ City Owned Phone ☐ Cellular Telephone Stipend ☐ Data Plan Stipend
☐ New Request ☐ Reauthorization ☐ Authorization Termination

A. EMPLOYEE INFORMATION/DESCRIPTION OF SHARED PHONE

Employee Name:	Employee ID#:	Division:
Department:	Classification:	Smartphone/PDA: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone Number:	Desktop Phone Number:	Pool Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No

B. JUSTIFICATION (To be completed by Supervisor/Manager)

Check all that apply and provide written justification:

1. ☐ Public or employee safety
2. ☐ Senior and Executive staff who must be available for time sensitive calls and/or emails.
3. ☐ City personnel whose job duties dictate a need for cellular communication and other forms of communication are not feasible.
4. ☐ Replacement Order:

Date of Loss (broken, lost, or stolen):

Date Reported:

Date of Police Report:

User's Existing Cell Phone Number:

C. ESTIMATED USE (To be completed by Supervisor/Manager)

Estimated Monthly Use:

Provider's Corresponding Plan Rate:

Current City Stipend Rate: \$35.00/month

Current City Data Plan Rate: \$40.00/month
(Eligible staff as described in the policy.)

Month Requesting Stipend to Begin:
(Form must be received by the 15th of requested month)

FMS Visible Code for initial purchase (15 digits)

_____ - _____ - _____ - 4032
(Fund) (Dept) (Resp. Center) (Detail)

Justification: (REQUIRED):

D. AUTHORIZATION

Authorized Signature of Supervisor or Division Manager

Print Name _____ Signature _____ Date _____

Authorized Signature of Department Director or Deputy Director

Print Name _____ Signature _____ Date _____

Signature of City Manager (Smartphones/PDAs only)

Print Name _____ Signature _____ Date _____

E. ACTION TAKEN

Check all boxes that apply:

1. ☐ Telephone Stipend (NON TAXABLE)
2. ☐ Telephone Stipend (TAXABLE)
3. ☐ Data Stipend (NON-TAXABLE)
4. ☐ Data Stipend (TAXABLE)
5. ☐ Stipend Terminated
6. ☐ Nextel Plan Approved
7. ☐ Cell phone Reassigned
8. ☐ Cell phone Returned/Disconnected

Coordinator's Name: _____

Completion Date: _____

F. EMPLOYEE POLICY REVIEW

I have received, read, and understood the City's Cellular Telephone Policy. If I am a non-exempt hourly employee, I understand that any use of my City issued cellular telephone or Smartphone/PDA on non-work hours must have prior approval by my supervisor.

Employee Name _____ Signature _____ Date _____

G. STIPEND USER AUTHORIZATION

My signature below indicates that I have incurred or will be incurring business cell phone expenses on my personal cell phone that equal the stipend amount being reimbursed through the City payroll system. If I am receiving the stipend as NON-TAXABLE, I have attached a copy of my contract or monthly bill, and I also authorize the City to recover any cell phone stipend amount I have received for which I do not have cell phone expenses at least equal to the stipend amount or justification that qualifies as an IRS business expense reportable on IRS form 2106.

Employee Name _____ Signature _____ Date _____